

Registered pharmacy inspection report

Pharmacy Name: Sacriston Pharmacy, Suite 4, AMR Building,
Sacriston Industrial Estate, Plawsworth Road, Sacriston, Durham,
Durham, DH7 6JX

Pharmacy reference: 9011143

Type of pharmacy: Internet / distance selling

Date of inspection: 29/01/2020

Pharmacy context

This is a distance selling pharmacy. People access the pharmacy's services through its website or by telephone. The pharmacy opened in May 2019. The premises are in a self-contained unit on an industrial estate on the edge of the town. The pharmacy dispenses NHS prescriptions and delivers people's medicines to their homes. It supplies some medicines in multi-compartment compliance packs to help people take their medicines. The pharmacy offers the NHS Community Pharmacist Consultation Service (CPCS). As an exception people can attend the pharmacy in person but only for this service.

Overall inspection outcome

✓ Standards met

Required Action: None

Follow this link to [find out what the inspections possible outcomes mean](#)

Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	N/A	N/A	N/A
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy has processes and written procedures that the team members follow to help them work safely and effectively. The pharmacy team members have a clear understanding of their roles and tasks. The pharmacy keeps all the records as required by law, in compliance with standards and procedures. And it provides people using the pharmacy with the opportunity to feedback on its services. The pharmacy team members look after people's private information. And they have the knowledge required to recognise and report a concern to help safeguard the wellbeing of vulnerable people. They record, report and learn from errors and mistakes made during the dispensing procedure. But on occasions the information they record lacks detail. So, the pharmacy team members may be missing some opportunities to improve.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which the pharmacy team members have read. They signed the SOPs initially when the pharmacy opened in May 2019. And they have read and signed the updated SOPs from November 2019. The pharmacist advised that some processes had developed and changed since opening which had resulted in revised SOPs. The SOPs provided the team with information to perform tasks. And covered areas such as prescription receipt, controlled drug (CD) balance checks and what to do if the responsible pharmacist was absent. The dispenser who was the team leader advised that she started work prior to the pharmacist arriving and finished later. She confirmed she undertook administrative tasks during this time. The team members had read and signed the health and safety policy. The pharmacy had set processes in place, including an end of month checklist. This included items such as CD balance checks, orders for stationery and stock orders.

The pharmacy had two computer terminals and two island units which the team used for dispensing. There were dedicated areas for tasks, including the preparation of the multi-compartment compliance packs. The pharmacy team members used the front bench area for general dispensing and the islands for the compliance packs and sorting deliveries. They used baskets throughout the process to keep prescriptions and medicines together. They used larger baskets for the home's prescriptions and prescriptions with bulkier items.

The pharmacy recorded near miss errors found and corrected during the dispensing process. The team recorded these on a specific template. Examples included metformin with the comment 'make sure in right slot', wrong quantity but the quantity not specified and wrong drug, doxycycline but the correct drug required not specified. The team members had recently started to complete the actions taken and comments column. They had discussed this at reviews to try to improve their learning. The pharmacist completed the reviews monthly and printed off data to try to establish any patterns. But there were no specific patterns on the graphs shown. The team leader ensured that the pharmacy completed the near miss reviews at the end of the month. This was on the monthly task list. The pharmacist advised that if there were any errors then he would report these on the 'National Reporting and Learning System' (NRLS).

The pharmacy had a complaints procedure which people could access through the menu page on the website. It provided detailed information about the process. And had a link to a 'suggestions, comments and complaints form.' It explained people could also request a form by email. The practice leaflet was

also on the website and this included information on 'Comments, Suggestions, Complaints and Compliments'. The pharmacist advised that they spoke to people over the phone. And resolved any queries or issues which were not necessarily complaints. There was a procedure to record and report dispensing errors and the team members advised of this procedure. They advised they would inform the superintendent (SI) if there were any complaints or issues. The pharmacy had current indemnity insurance with an expiry date of 2 August 2020.

The pharmacy displayed the correct responsible pharmacist (RP) notice. And the pharmacist completed the responsible pharmacist records as required. A sample of CD registers looked at found that they met legal requirements. The pharmacist checked CD stock against the balance in the register at each time of dispensing. This helped to spot errors such as missed entries. The CD registers had headings completed and running balances maintained. The register showed that monthly stock audits were undertaken. Physical stock of an item selected at random agreed with the recorded balance. The pharmacy kept a record of CDs which the driver had collected from people for disposal. The pharmacy had a process in place for the driver to bring any back. The team destroyed these promptly. And did not allow a build-up in the CD cabinet. The pharmacy had a private prescription register with no private prescriptions supplied to date. It kept special records for unlicensed products with the certificates of conformity completed. It also kept a copy of the prescription in the file for reference.

The pharmacy had a privacy policy which explained what information the pharmacy collected and how it used this. And the steps taken to ensure the pharmacy kept information secure. This was available on the website. The team had read information on General Data Protection Regulation (GDPR) which the pharmacy kept on the computer. The team kept records containing personal identifiable information securely in the pharmacy. And there was no public access. The pharmacy team stored confidential waste in separate bins for offsite shredding. The bins had locks and the team kept these locked until collected.

The pharmacy had a SOP for the protection of vulnerable adults and children. And access to contact numbers for local safeguarding teams. The pharmacist had undertaken level 2 Centre for Pharmacy Postgraduate Education (CPPE) training. The drivers had received training and reported back any concerns such as if people did not answer their door as expected. The pharmacy would contact the surgery if they had concerns in the first instance, in case they had some information or could attend for a visit. They had had no concerns of any note.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a small team. And the pharmacist and team members suitably provide the pharmacy's services. The pharmacy team members understand their roles and responsibilities in providing services. They support each other in their day-to-day work. And they feel comfortable raising any concerns they have. The pharmacy's team members work under supervision during formal training. And they receive good support when they start working in the pharmacy. Pharmacy team members complete some further ongoing training on an ad-hoc basis. But the pharmacy does not record this training. So, it may be difficult to identify opportunities to ensure the team complete learning to develop their skills and knowledge.

Inspector's evidence

There was one pharmacist, one dispenser and as apprentice working in the pharmacy. The dispenser was the team leader and worked 8.30am to 6pm. The apprentice worked 9.30am to 5pm. The team leader worked one month at this pharmacy and alternated working one month at another pharmacy owned by the company. She explained that this was due to this premises being newer and not so busy. The other pharmacy was also a distance selling pharmacy but more established and busier. The SI had discussed this with the team leaders. And proposed alternating months to share the workload. The system worked well, with end of month processes in place. The team leaders ensured that they completed all of these which provided a smooth hand-over.

The pharmacist worked from 9.30am to 5pm daily. But generally arrived at 9am. The pharmacist advised that the SI was continually reviewing the workload and required staff. He worked at the pharmacy regularly. The pharmacist present advised that the team completed the dispensing work during the Monday to Friday working hours. And on Saturdays the work consisted of paperwork. Generally, very little if any dispensing took place on Saturdays when there was only a pharmacist present. Regular locums covered any pharmacist days off.

The team had received training through SOPs and policies which included safeguarding, data protection, delivery, confidentiality, patient consent and disposal of unwanted medicines. They all had read and signed the company handbook. There were six drivers for the group who had all signed and confirmed as read all the required processes and policies. The pharmacist discussed ongoing matters with the team members to keep them up-to-date. And they read some articles, but this was not recorded. The pharmacist had printed a relevant article with latest information on the coronavirus. And they had discussed the changes to the back of prescriptions forms.

The team received annual performance reviews which gave the chance to receive feedback and discuss development needs. The SI worked regularly at the pharmacy so the team could discuss any concerns and feedback at any time. The team carried out tasks and managed their workload in a competent manner discussing any issues which arose and dealing with any telephone queries. There was a formal whistleblowing policy and telephone numbers were available so the team members could easily and confidentially raise any concerns outside the pharmacy if needed.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are of a suitable size for the services it provides. The pharmacy is closed to the public for dispensing services and other essential services. But people can attend the pharmacy in person for the NHS Community Pharmacist Consultation Service (CPCS). And the pharmacy has a dedicated room for the consultation. The pharmacy is clean and secure.

Inspector's evidence

The pharmacy's website provided information about the pharmacy and its services. The pharmacy was in a unit in a gated section on a small industrial estate. The pharmacy had an entrance area which led in to the main pharmacy dispensing area. There was a room off the side which it had recently made into a consultation room. This was suitable for the CPCS services.

The pharmacy was clean, tidy and hygienic. And fitted out to a good standard with suitable space for dispensing and storing stock and medicines waiting delivery. The sink in the dispensary for preparation of medicines was clean. Staff amenities were available for the team. The benches, shelves and flooring were all clean and the team kept a cleaning rota to ensure they maintained this. The team advised that they stopped doing any dispensing of the compliance packs just after 4.00pm and tidied up for the day. And undertook any cleaning. The pharmacy team kept the floor spaces clear to reduce the risk of trip hazards. The room temperature was comfortable, and the pharmacy was well lit.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are available to people at a distance. And the pharmacy provides suitable access for people to obtain advice and resolve any queries. The pharmacy provides its services using a range of safe working practices. It takes the right action if it receives any alerts that a medicine is no longer safe to use. The pharmacy team members take steps to identify people taking some high-risk medicines. And they provide these people with extra advice to help them take their medicines safely. The pharmacy team members support some people to manage taking their medicines by dispensing medicines into multi-compartment compliance packs. The team manages this service well. It mostly stores and manages its medicines appropriately.

Inspector's evidence

The pharmacy website explained how it provided the NHS essential pharmacy services by telephone, secure email, website and postal/courier services. It explained how it could not provide a face-to-face service. The pharmacy had a discreet notice on the main door which advised people that due to NHS regulations as a distance selling pharmacy it would be unable to provide any of the essential services which included dispensing of prescriptions face-to-face. It explained how it could dispose of unwanted medicines which a driver would collect. And how the pharmacist could give advice over the phone on medicines and minor ailments. It advised that the team signpost people to other healthcare providers if it could not provide the service. There was a bell on the door for people such as delivery drivers to ring for attention.

The website provided details of the opening hours on its main page. And people could obtain the practice leaflet on the website. It provided details of the superintendent pharmacist and the premises registration details, with these linking to the live GPhC website. It displayed the Medicines and Healthcare products Regulatory Agency (MHRA) logo. But did not display the voluntary GPhC logo. It displayed holiday opening times for the year, including Easter and May bank holidays. It had an A to Z list of medicines which provided information on items for people. And it had a comprehensive list of health advice with conditions specified alphabetically. These were for people's information. The pharmacy received telephone calls and provided information and advice as necessary. The website displayed some information under 'Health news' such as flu vaccinations and a recent medicine recall for Zantac.

The pharmacy provided the Community Pharmacist Consultation Service (CPCS). People accessed the CPCS service through NHS 111 referrals. The CPCS linked people to a community pharmacy as their first port of call. This could be for either the urgent provision of medicines or the treatment or advice for a minor illness. The pharmacy team had developed and kept a small range of over-the-counter and pharmacy products which they could offer for the CPCS. They kept these in a locked cabinet in the consultation room. The pharmacy had made one supply to date. It had suitable arrangements for taking payments from people if required.

The pharmacy supplied one small care home with about 13 beds. And a small intermediate care home facility. The intermediate care facility was for respite care. And generally, had about two or three people for a few weeks at a time. It supplied medicines to around 80 people in multi-compartment compliance packs to help them take their medicines. If the pharmacy received any requests for people to have their medicines in multi-compartment compliance pack, they referred people to their doctor for

an assessment. The pharmacy team members used trackers to monitor the progress of the dispensing of medicines into compliance packs. They placed descriptions of medicines on the labels. And provided patient information leaflets (PILs) once with each four-week cycle. They completed the dispensing and checking boxes on the packs to provide an audit trail. As they did with other medicines dispensed in boxes and containers. And a sample of completed prescriptions looked at found compliance with this process.

The pharmacy had SOPs for high-risk medicines and the team used some alerts stickers to apply to prescriptions to raise awareness. This ensured patients received additional counselling if required. The pharmacist phoned people if information required to be passed to them. The team members used CD and fridge stickers on bags to alert the team that they needed to add some medication to complete the supply before the drivers took the medicines out. The pharmacist wrote the date for the delivery for the CD and checked that the prescription was still valid for the supply. The pharmacy had a card for monitoring any post-dated prescriptions it required prior to supply. The team kept the card with the compliance pack and specified the pack date and the drop-down date from the NHS spine. This allowed the team to make up four weeks together. And ensured the pharmacy had the valid prescriptions. The pharmacy contacted people who received medication through the repeat dispensing process to ensure they were taking their medicines correctly and still required all of them. And also checked to see if they were not experiencing any side effects.

When the pharmacy could not provide the product or quantity prescribed in full, patients received an owing card. And the pharmacy kept a copy with the original prescription to refer to when dispensing and checking the remaining quantity. The card advised that the pharmacy would try to obtain this as soon as possible. But if the person had any queries, they should contact the pharmacy team. The pharmacy kept a designated section for any items which it owed to people and they checked this after deliveries from the wholesaler to complete as soon as possible. The team contacted prescribers if items were unobtainable to ask for an alternative. The pharmacy team members were aware of the valproate Pregnancy Prevention Programme. They had undertaken an audit. And had no people on this item. The pharmacist advised he would phone people if they received this item and ensure they had been counselled prior to any supply.

The pharmacy maintained robust process for its deliveries. It kept a delivery sheet as an audit trail for the delivery of medicines from the pharmacy to people. This included a signature of receipt of the delivery. People generally had set days for their deliveries. The driver would make two attempts for deliveries. If people were not present when the driver attended. The driver had a label which they attached to the bag which they returned to the pharmacy. The driver filled in the label. It recorded the first attempt and noted the date, time and name of driver. It was then placed for a second delivery attempt. If the second delivery failed the driver completed the details of that, with date, time and name of driver. The driver left a card advising the person that they would need to contact the pharmacy to make arrangements for a delivery. The pharmacy provided people with a form to complete their exemptions to keep the pharmacy records correct. And the pharmacy team applied labels to inform people to ensure that they had told the pharmacy of the correct eligibility for exemptions, if they had not seen evidence. The pharmacy had a form for the drivers to alert them to schedule an extra delivery if required. This was generally for antibiotics or if a doctor had requested same day delivery. This was sent to the other nearby pharmacy which had more deliveries and the drivers arranged to come to this premises to collect the item for delivery.

The pharmacy generally stored medicines in an organised way, within the original manufacturers packaging and at an appropriate temperature. There were a few items in amber bottles with insufficient labelling information such as batch numbers and expiry dates. These had been items following changes to people's medicines in the compliance packs or popped in error, with the original pack generally no

longer available. The pharmacy had a refrigerator from a recognised supplier. This was appropriate for the volume of medicines requiring storage at such temperatures. The team members recorded temperature readings daily and they checked these to ensure the refrigerator remained within the required temperature range. The pharmacy used thermo cool boxes for delivery of fridge lines.

The pharmacy team members checked expiry dates on products. They had a rota in place to ensure they checked all sections regularly. The team members marked short-dated items and recorded these in a book. They took these off the shelf as part of the end of month process. The team members marked liquid medication with the date of opening. This allowed them to check to ensure the liquid was still suitable for use. The pharmacy used recognised wholesalers such as AAH, Alliance, Ethigen and Rokshaw. The pharmacy was using the scanning process for the Falsified Medicines Directive (FMD). They selected all the stock for the compliance packs for the four weeks. And scanned the four weeks out together. They advised the scanning generally worked fine, with a few codes which did not scan.

The team used appropriate medicinal waste bins for patient returned medication. The contents of the bins were securely disposed of via the waste management contractor. The pharmacy had appropriate denaturing kits for the destruction of CDs. The pharmacy received drug safety alerts and recalls directly from MHRA. The team actioned these and kept records of the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the pharmacy services it provides. And it manages equipment and facilities in a way to maintain people's privacy.

Inspector's evidence

The pharmacy team members had access to a range of up-to-date reference sources, including the British National Formulary (BNF). They used the internet as an additional resource for information such as the Electronic Medicines Compendium (EMC) for patient information leaflets (PILs).

The pharmacy had measuring equipment available of a suitable standard including clean, crown-stamped measures. It had a range of equipment for counting loose tablets and capsules. The team members cleaned triangles after use. And had access to disposable gloves which they advised they use for handling cytotoxic drugs. They had alcohol hand washing gel.

The computer terminals were password protected. And access to people's records restricted by the NHS smart card system. The drivers maintained confidentiality with paperwork during deliveries.

What do the summary findings for each principle mean?

Finding	Meaning
✓ Excellent practice	The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards.
✓ Good practice	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ Standards met	The pharmacy meets all the standards.
Standards not all met	The pharmacy has not met one or more standards.